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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10/088588			
CLAIMS						*	*	*	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1	1	1			51			
2	1	1	1			52			
3	1	1	1			53			
4	3	2	2			54			
5	3	3	3			55			
6	3	3	3			56			
7	1	1	1			57			
8	1	1	1			58			
9	1	1	1			59			
10	1	1	1			60			
11	4	4	4			61			
12	2	2	2			62			
13	3	3	3			63			
14	3	3	3			64			
15	1	1	1			65			
16	3	1	1			66			
17	3	1	1			67			
18	3	1	1			68			
19	3	1	1			69			
20	3	1	1			70			
21	3	1	1			71			
22	1	1	1			72			
23	1	1	1			73			
24	1	1	1			74			
25	1	1	1			75			
26	3	3	3			76			
27	3	3	3			77			
28	3	3	3			78			
29	1	1	1			79			
30	3	1	1			80			
31	3	1	1			81			
32	3	1	1			82			
33	3	1	1			83			
34	3	1	1			84			
35	3	1	1			85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL ID.		2				TOTAL IND.			
TOTAL DEP.		160				TOTAL DEP.			
TOTAL CLAIMS		12				TOTAL CLAIMS			